

Moral Education in an Age of Globalization

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Abstract

Care theory is used to describe an approach to global ethics and moral education. After a brief introduction to care ethics, the theory is applied to global ethics. The paper concludes with a discussion of moral education for personal, political, and global domains.

Keywords: caring, global ethics, moral education

Moral education has been traditionally conducted with reference to the norms of local or religious communities. Indeed, a major responsibility of parents has long been to shape children so that they will be acceptable to the community in which they will live (Ruddick, 1989). In the past, when communication with diverse groups was relatively rare, parents could concentrate on the inculcation of the values espoused by their own community and the protection of their children from any bad influences within the community.

Today we live and work regularly with people whose values may differ from our own, and we may communicate instantly with people all over the world. Moreover, growth in the world's population and the corresponding growth in consumption of resources have raised new and pressing moral problems. How should moral education respond to these new conditions? I suggest that care ethics may provide us with a powerful approach to ethics and moral education in this age of globalization.

Elements of Care Theory

In care theory, relation is ontologically basic (Noddings, 1984/2003). Human beings are born from and into relation; it is our original condition. This basic feature of care ethics is important for global ethics because it starts with neither the collective nor the individual. In rejecting those starting places, care ethics shares the relational perspective of Martin Buber (1965). If we start with the collective, we may derive a powerful communitarian ethic (MacIntyre, 1984; Taylor, 1989), and this can give us essential guidance in the traditional tasks of moral education, but it can also blind us to problems within our own communities and make it more difficult to appreciate the views of outsiders. If we start with

the individual, we may develop and advocate a form of traditional liberalism in which the emphasis is on freedom, autonomy, and the rights of individuals (Rawls, 1971). The danger here is that we may suppose and act on the notion that all peoples desire freedom and individual rights as we do, and then we may see our task as an almost evangelical one—to spread our treasured values over the entire globe.

Approaching the world through the relational ethic of caring, we are more likely to listen attentively to others. In a caring relation, the carer is first of all attentive to the cared-for, and this attention is receptive; that is, the carer puts aside her own values and projects, and tries to understand the expressed needs of the cared-for. In describing such non-selective attention, Simone Weil comments that ‘the soul empties itself of all its own contents in order to receive into itself the being it is looking at, just as he is, in all his truth’ (1977, p. 51). Of course, we cannot really empty ourselves of the norms and values that have become part of us, nor should we do so. But we can put them aside in order to listen. If the cared-for’s needs do not clash with our most deeply held moral convictions, we may experience motivational displacement.

In motivational displacement, our motive energy flows toward the needs or projects of the cared-for. We put our own projects aside for the moment in order to help. If, as sometime happens, the expressed need or project of the cared-for does clash with our moral beliefs or is thought to be unwise, motivational displacement takes a different form. We cannot help in his project, but we can nevertheless try to establish or maintain a caring relation. We can explain our position and attempt to persuade him of its validity. Or we can accept irreconcilable differences and still pledge ourselves to work together on mutually acceptable projects.

Next the carer must act either to satisfy the expressed need or to suggest an alternative goal. The chosen act is guided by the expressed need but also by the values of the carer, the resources available, and competence of the carer. An ethic of care requires the carer to seek increased competence continually because her activities depend so heavily on the needs of others. In teaching, for example, the carer is not governed by a pre-specified curriculum and an unshakable theory of pedagogy. Because she must evaluate and respond to a wide range of expressed needs, she must expand the breadth of her competence (Noddings, 1999).

Care ethics is perhaps unique in giving a special role to the cared-for in caring relations. Emphasis is on the *relation*, and, by definition, at least two parties are involved. In order for the relation to be properly labeled *caring*, the cared-for must somehow recognize the efforts of the carer *as caring*. This response completes the relation. The response of the cared-for is an act of reciprocity, but it is not the contractual reciprocity so familiar to us in traditional Western philosophy. The cared-for usually cannot do for the carer what the carer can do for the cared-for, nor must he promise payment of some kind. The act of recognition is itself a form of reciprocity—completing the relation and providing confirmatory evidence that the carer is on the right track. Anyone working in one of the so-called caring professions knows the power of the cared-for’s response. Teachers need the response of students, nurses that of their patients, social workers that of their

clients. Without the reinforcing response of the cared-for, carers suffer empathic exhaustion and burnout.

The caring relation is colored throughout by sympathy—an attitude of solicitude toward the cared-for and a willingness to listen and be moved. Today writers often use *empathy* instead of *sympathy* (Hoffman, 2000; Slote, 2007), but that move requires justification, and careful analysis shows that empathy so construed includes sympathy—a feeling with or for the other.

Global Application

Now a question arises how an ethic of care can be applied globally. As I have described it, caring-for is located in relations that require address and response. It is dependent on face-to-face encounters. Institutions cannot directly care-for anyone; people must do the caring-for. However, institutions and large groups can create the conditions under which caring-for can flourish, and their attempts to do so should be guided by the spirit of caring as laid out in care ethics. We might say that nations and other large organizations can work under a care-driven conception of justice. What would this look like?

The first point to be made is that there are several theories of justice, and the concept differs not only across cultures but, to some extent, even within cultures (MacIntyre, 1988). A care-driven approach recognizes these differences and does not attempt to universalize any one version. We start with a somewhat vague notion that people committed to justice are dedicated to doing right by everyone.

Care and justice are often contrasted, and a substantial literature describing the contrast has emerged. Virginia Held captures the contrast as it is popularly construed:

An ethic of justice focuses on question of fairness, equality, individual rights, abstract principles, and the consistent application of them. An ethic of care focuses on attentiveness, trust, responsiveness to need, narrative nuance, and cultivating caring relations. (2006, p. 15)

Sometimes theorists locate the salient difference in domains of application—care properly dominant in face-to-face interactions or relations and justice dominant in larger public domains. Even those who take this position—as I did in earlier work—acknowledge that the two ways of thinking interact. We may want justice in the sense described by Held, but we want it tempered by care. And care theorists speak often of ‘balanced caring’ (Slote, 1998), by which they seem to mean a balance between caring-for those close to us and caring-about those at some distance.

In *Starting at Home* (2002b) and in the preface to the second edition of *Caring* (2003), I suggested that *caring-about* may be thought of as the motivational foundation for justice. This means, of course, that *caring-for* underlies our thinking about justice and, more generally, about morality. I do not claim, however, that caring-for is the only conceptual starting point for a theory of justice. Clearly, one could make a good case for self-interest and prudence as viable starting points, and I do not want to claim that caring necessarily underlies every conception of justice.

Rather, I am interested in developing an approach to justice that *does* build on fundamental concepts of care.

We properly care-about the needs and sufferings of people with whom we are unlikely to meet face-to-face. We might use the word *justice* to name a system through which our caring-about responds effectively to the needs of others. A first step is to establish lines of communication—to listen attentively to the needs expressed, and to learn something about how these others conceive of justice. It should be an assigned task of every overseas agency to maintain and strengthen such lines of communication. If we, as a nation, plan to conduct affairs of any sort in another country or culture, we should be sure that the people of the other nation can participate in any plans for their future. The economist, Joseph Stiglitz, makes this point at the beginning of his discussion of globalization:

Those whose lives will be affected by the decisions about how globalization is managed have a right to know how such decisions have been made in the past. (2002, p. xvi)

I would prefer to use *need* rather than *right* in this context, because ‘right’ already suggests a conception of justice that may not be embraced by the other group. Our task is to work together to forge a concept of justice that both can accept, or to reach an agreement that allows the groups to hold different views of justice without breaking off dialogue.

There are certainly views that we (most citizens of liberal democracies) cannot endorse. We cannot endorse slavery as consonant with justice, nor can we accept official discrimination against women. We are uncomfortable with officially sanctioned female genital mutilation. It is not possible that a collaboratively defined concept of justice should include practices that are anathema within our own. But we can reject the temptation to impose our views on the other—to apply sanctions or other coercive measures to convert others. Instead, we should persist in dialogue, explain continuously why we find some practices unjust, and increase opportunities for ordinary people in both countries to become acquainted and work together on common projects.

In a care-driven system of justice, we would be unlikely to isolate those who disagree with us on the meaning of justice. Notice that Stiglitz’s advice on including in conversation all those whose interests are at stake is compatible with Western views of justice. We believe in both rights and participation. But we also must deal with people whose views are very different and even with those whose practices violate our sense of justice. The response most often invoked is to isolate the offender, withdraw our citizens from the offending nation, and apply sanctions of some sort. An alternative, suggested by care-driven justice, is to invite more visitors from that nation and send more of our citizens to live and work in their land. At the present time, for example, we should invite more Iranian students to study in the United States, and we should send more of our students to study in Iran. We should also increase cultural exchanges at every level—in the arts, crafts, building industry, medicine, and every other walk of life where common interests can be identified (Saunders, 1991). The idea is to saturate the other with our presence,

to establish relations of care and trust as part of preparation for diplomatic negotiations aimed at reconciling difficult political differences.

Wealthy nations, banding together, could accomplish much to improve the conditions of people living in impoverished nations. Besides insisting that every agency involved should engage in dialogue and encourage cooperative activity, they should establish a coordinating agency that would assess conditions throughout the nations to be helped and evaluate the success of their combined efforts. At present, there are organizations whose purpose is to solve one great problem, such as the elimination of AIDS or malaria. This is entirely appropriate for certain specific organizations. But it is not appropriate as an overall approach. A coordinating group must look at the entire web of care and see how various problems impinge on the lives of the people affected. It is good to eliminate disease by vaccination, for example, but such efforts should be accompanied by improved living conditions—clean water, adequate food and housing, universal elementary schooling, and all those features of life that contribute to the sustainability of individual improvements. The coordinating agency should continually look for and encourage completion—for genuine caring relations.

In the approach to justice advocated here, we do not deny our differences, and we certainly do not shrug off abhorrent practices with ‘it’s just their way’. But we pursue common values and shared projects not only to accomplish important ends but also to know one another better and to set the stage for frank discussions that may lead to the abandonment of practices we find unjust. We hope that, through closer contact and cooperative activity, groups and nations that might otherwise be shunned may recognize the values of liberty, rights, and participatory democracy. But we may also come to appreciate values we now reject or misunderstand. A care-driven approach to justice will rarely authorize coercion. It will operate by establishing the conditions under which caring relations can come to completion.

Moral Education

From the perspective of care ethics, the primary aim of moral education is to produce people who will engage successfully in caring relations. We want our students to be prepared to care-for those they encounter directly and to care-about the suffering of people at a distance. We try to accomplish this through modeling, dialogue, practice, and confirmation (Noddings, 2002a).

Every form of moral education relies to some degree on modeling. To teach virtues, teachers must exhibit the virtues or, more often, find models in history, biography, and fiction. To teach moral reasoning, teachers should demonstrate valid reasoning in both their subject matter and in the context of moral problems. But no approach to moral education depends more directly on modeling than care ethics.

Teacher-carers demonstrate their caring in everything they do. They cannot rely on pointing to others, on sermons or preaching, or on the mere validity of a chain of reasoning. Every lapse of caring in their own practice represents a potential failure in moral education. In handling a case of bullying, for example, a teacher must show her care for both victim and perpetrator. The victim’s safety and

well-being are at stake; the perpetrator's moral development is at stake. People often react to such cases by insisting that we must be 'on the side' of the victim, but the caring teacher must be on both sides. Both need help. By showing how this can be done, a teacher is helping students to develop the attitude of care so desperately needed on a global level.

Dialogue accompanies modeling. In regular episodes of caring, carers help those receiving care to grow in their capacity to hear and understand the expressed needs of others. In dialogue, teachers help students to understand the difference between rules that encode moral principles and those that represent mere conventions. We might notice that the moral principles designed to keep us from hurting one another are, for carers, not really necessary. If we do not want to hurt others, if we want to help others, we do not need these rules. And if we are so angry that we *do* want to hurt others, we can quite easily find reasons why the rules should be broken. This understanding, too, is essential at both personal and global levels.

Becoming prepared to care requires practice. Students must be given opportunities to care. In today's schools, group work has become popular, but the cooperative motive that inspired it is often corrupted. Groups are encouraged to compete against each other, and team members often criticize others for doing less than their share of the work. This criticism is sometimes nasty. Teachers concerned with the development of people prepared to care must remind their students that they are working in groups to help one another and to accomplish a common task.

Moral education from the perspective of care ethics also puts great emphasis on confirmation. As I've interpreted it (Noddings, 1992/2005), confirmation is an attempt to assure another that his questionable act may have had a better motive. We attribute the best possible motive consonant with reality. Confirmation is not a strategy or recipe; it is not based on fiction or fantasy. To confirm another, we need to know him quite well. Then we can attribute a better motive to an act of which we disapprove. For example, in the bullying case, we might say to the bully: I know you wanted to show that you are strong, but that is not the way to do it. You are a better person than that. Confirmation is among the loveliest of moral gestures. Instead of condemning the other, it points him upward toward his better self. Obviously, confirmation should be welcome at personal, political, and global levels.

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